4. *Differential Diagnosis of Hysteria and Katatonia.*—Following a long etiological digest upon hysteria and katatonia, Kaiser calls special attention to the occurrence of katatonia developing from infantile eclamptics; such cases closely resemble those suffering from so-called hysterical states of apathy. From a theoretical standpoint he believes these cases are psychogenic disorders combined with phenomena resembling katatonia.

5. *Circular Insanity with Choreic Movements.*—In a short etiological study of a case of choreic movements in a child suffering from circular insanity, Van Brevo concludes that katatonia cannot be excluded, and the choreiform movements present in the case might be thus explained.

6. *Conrad Ferdinand Meyer.*—The article is a psychological study of the late poet, C. F. Meyer, and concludes that the mental breakdown from which the poet suffered at 62 years of age, lasting more than a year, was a form of involutional melancholia occurring in an individual possessed, however, of a very peculiar constitutional temperament. L. P. CLARK (New York).

### *Rivista di Patologia Nervosa e Mentale.*

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1. Clinical Contribution to the Knowledge of Gustatory Innervation. G. FASOLA.
2. Traumatic Astasia-Abasia in an Epileptic Child. U. GABBI.
3. Dystrophic and Myxedematous Infantilism from Heredito-Pellagra. C. AGOSTINI.

1. *Gustatory Innervation.*—That the lingual is the nerve of gustatory as well as general and tactile sensation for the anterior two-thirds of the tongue, and that gustatory and general sensibility of the posterior third are presided over by the glosso-pharyngeal, is hardly to be questioned; but the fact that one of these functions, taste, for example, may be entirely abolished without disappearance of the others, has lead to the belief that the gustatory fibers are distinct from those of general and tactile sensibility. The origin of the former has been the subject of much discussion. As to the posterior third of the tongue, authorities agree, with few exceptions, that its functions are controlled by the fibers of the glossopharyngeal proper. Opinions as to the innervation of the anterior two-thirds embrace a wide and varied range, the derivation of the gustatory fibers of the lingual nerve being variously attributed to the chorda tympani, the IX and the roots of the V nerve. The author's contribution to the solution of this question is based upon observation of two cases in which resection of the 2nd and 3rd branches of the V, with extirpation of the adjacent part of the Gasserian ganglion were followed by gustatory disturbance of the left lateral region of the anterior half of the tongue. Gustatory as well as tactile and dolorific anesthesia were manifest immediately after the operation. Amelioration of the first-named condition was noted within ten days, and an almost complete restoration to the normal was established within two months; although gustatory sensibility continued less acute upon the left side than the right. The writer asks and answers the following pertinent questions: "Could gustatory disturbances have depended upon tactile anesthesia caused by section of the 3rd branch?" and "Were such anomalies caused by vasomotor or trophic disturbances?" A negative reply is made to the former, in the statement that the return of gustatory sensibility preceded that of

the tactile, and that the former was markedly improved when tactile anesthesia was still complete. An answer to the second question is found in the fact that gustatory anesthesia was at its height immediately after the operation, when, presumably, the gustatory organs could not have been influenced by trophic disturbances; moreover, there was at no time evidence of trophic disturbance. The author maintains that gustatory disturbances in these two cases could depend solely upon section of specific fibers, and that section of the 2nd and 3rd branches of the fifth, having been performed at the level of the Gasserian ganglion, it is demonstrated that: (1) The trigeminal has gustatory fibers proper, which pass to the anterior margin and tip of the tongue either directly by the lingual branch of that nerve, or passing first into the chorda tympani at some more central point, for example, through a branch of the otic ganglion. (2) Granting the possibility of the chorda containing a part of the gustatory fibers of trigeminal origin, this does not exclude the fact that it may contain gustatory fibers of different origin, that is, from the intermediary of Wrisberg and the glossopharyngeal. This possibility must be admitted to explain the existence of slight gustatory sensibility immediately after the operation, and its almost complete restoration after a lapse of time.

2. *Traumatic Astasia-Abasia.*—The history of this case presented no special neuropathic family tendency, but severe mental shock to the mother during pregnancy would seem to have been responsible for the condition described. The chief points of interest are the occurrence of epileptic phenomena about the fourth year of life, followed later by astasia, induced by the lightest blow upon the head. The condition is contrasted with Brocq's description of Astasia-Abasia, namely, a morbid state in which the inability to stand or walk is in marked contrast to the integrity of sensibility and coördination of other movements of the lower limbs. In this case, astasia was the prominent symptom, abasia being noticeable only in a temporary staggering after a fall caused by percussion of the head, amounting only to a rudimentary abasia trepidante. Abasia was never spontaneous as described in the syndrome of Brocq, but always induced by a blow upon the head. The author leans to the pretty general belief in the hysterical nature of astasia-abasia, and in the case described, maintains that as the child was epileptic there was abnormal increase in excitability of the motor zone, and that as a latent hysterical neurosis found in the former a *locus minoris resistentiae*, it was rendered the sole center of induced morbific manifestations.

3. *Dystrophic and Myxedematous Infantilism.*—A study of five interesting cases (illustrated) is given from which, as well as from the literature of the subject, the following conclusions are drawn: (1) Maize intoxication of ancestors, especially of the pregnant mother, may induce premature exhaustion of vitality, degenerations, and above all, arrested development of the organism. (2) In the heritopellagrous are noted, high percentage of mortality, predominance of degenerative characteristics, especially cranial anomalies, dystrophic and myxedematous infantilism, and extinction of procreating power. (3) Thyroidal anomalies in cases of heredito-pellagrous arrested development, and frequently observed in pellagrous patients, demonstrate the ready mobility of this gland in the presence of maize poisoning, and account for dystrophic and myxedematous phenomena which arise, which in turn aggravate the phenomena of pellagrous intoxication. R. L. Fielding (New York).